## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w.

applicable fee(s), to: Mail

Mail Stop ISSU. EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical                                      | correspondence includir<br>d below or directed oth | າຍ the               | Patent, advance o                         | orders and notification  | i of i  | maintenance fees v  | vill be   | mailed to the current  | correspondence address  | as                |  |
|--|--|----------------------|---|--|---|---|---|--|---|-------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |                      |   |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |  |   |                   |  |
| 21567  | 7590 03/02   | /2009                |   | •  |   |   |   | J  |   |                   |  |
| WELLS ST. JC<br>601 W. FIRST A<br>SPOKANE, WA  | VENUE, SUITE 1                                     | 300                  |   | •  | I he<br>Stat<br>add<br>tran                                   | Cer<br>preby certify that the<br>les Postal Service versed to the Mai<br>smitted to the USP   | tificate<br>is Fee(<br>vith suf<br>Stop<br>TO (57 | e of Mailing or Trans<br>s) Transmittal is being<br>ficient postage for firs<br>ISSUE FEE address<br>1) 273-2885, on the d | mission g deposited with the Unit st class mail in an envelo above, or being facsim late indicated below. | ted<br>pe<br>iile |  |
|  |  |                      |   |  | Lorie L Smith (e-filed via USPTO web site) (Depositor's name) |   |   |  |   |                   |  |
|  |  |                      |   |  |   |   |   | <del></del>  | (Signatur   | re)               |  |
|  |  |                      |   |  | -   |   |   |  | (Dài  | -                 |  |
|  |  |                      | ,   |  | <u> </u>  |   |   |  | (18th   | -                 |  |
| APPLICATION NO. FILING DATE  |  |                      |   | FIRST NAMED INVENTOR   |   | R ATTO  |   | RNEY DOCKET NO.  | CONFIRMATION NO.  |                   |  |
| 10/529,246 03/24/2005  |  |                      |   | Gerhard Kelch  | LO37-001 8650   |   |   |  |   |                   |  |
| TITLE OF INVENTION   | : METHOD FOR PROD                                  | UCIN                 | G A LENS AND A                            | A LENS PRODUCED  | THE   | EREBY   |   |  |   |                   |  |
| •  |  |                      |   |  |   |   |   |  |   |                   |  |
| . APPLN. TYPE  | SMALL ENTITY IS                                    |                      | SUE FEE DUE                               | PUBLICATION FEE DUE  |   | PREV. PAID ISSUE FI   |   | TOTAL FEE(S) DUE   | DATE DUE  | ٦                 |  |
| nonprovisional   | NO   | <del></del>          | \$1510                                    | \$300  |   | \$0   |   | \$1810   | 06/02/2009  |                   |  |
| EXAMINER   |  |                      | ART UNIT .                                | CLASS-SUBCLAS  | S   | ]   |   |  |   |                   |  |
| HARRINGTON, ALICIA M   |  |                      | 2873                                      | 351-246000   |   | j   |   |  |   |                   |  |
| 1. Change of corresponde   | ence address or indicatio                          | n of "F              | ce Address" (37                           | 2 For printing on  | the r   | patent front page, lis  |   | <del> </del>   | <u></u>   |                   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                        |  |                      |   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |   |   |   |  |   |                   |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication (PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required. |  |                      | ation form                                | registered attorney or agent) and the names of up to   |   |   |   |  |   |                   |  |
| 3. ASSIGNEE NAME AT  | ND RESIDENCE DATA                                  | 4 ТО В               | E PRINTED ON '                            | THE PATENT (print  | or ty   | pe).  |   |  |   | _                 |  |
| PLEASE NOTE: Unli<br>recordation as set forti  | ess an assignee is ident<br>n in 37 CFR 3.11. Comp | ified be             | elow, no assignee<br>of this form is NO   | data will appear on T a substitute for filin   | the p   | atent. If an assign assignment.   | ee is id  | lentified below, the de  | ocument has been filed f  | for               |  |
| (A) NAME OF ASSIC  | ONEE   |                      |   | (B) RESIDENCE; (   | CITY  | and STATE OR C  | เดบทา   | RY)  |   |                   |  |
|  |  |                      | -   |  |   |   |   |  |   |                   |  |
| Please check the appropri  | ate assignee category or                           | catego               | ries (will not be pr                      | rinted on the patent);   |   | Individual 🗆 Co   | rporati   | on or other private gro  | oup entity Governmen  | nł                |  |
| 4a. The following fee(s) a   | ire submitted:                                     |                      | 41  | o. Payment of Fee(s):  | (Plea   | ise first reapply ar  | ıy prev   | iously paid issue fee :  | shown above)  |                   |  |
| ☐ Issue Fee  |  |                      |   | A check is enclosed.   |   |   |   |  |   |                   |  |
| Publication Fee (No small entity discount permitted)   |  |                      |   | Payment by credit card. Form PTO-2038 is attached.   |   |   |   |  |   |                   |  |
| Advance Order - # of Copies one (1)  |  |                      |   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 230925 (enclose an extra copy of this form). |   |   |   |  |   |                   |  |
| 5. Change in Entity Stat   | us (from status indicated                          | l above              | :)  |  |   | <del></del>   |   |  |   | -                 |  |
|  | SMALL ENTITY state                                 |                      |   |  |   |   |   | TITY status, See 37 CF   |   |                   |  |
| NOTE: The Issue Fee and interest as shown by the r   | Publication Fee (if requeecords of the United Sta  | nired) v<br>tes Pate | vill not be accepted<br>ent and Trademark | d from anyone other to Office.   | han t   | he applicant; a regi  | stered a  | ittorney or agent; or th   | e assignee or other party   | in                |  |
| Authorized Signature (RL)  |  |                      |   |  |   |   |   | -09  |   | _                 |  |
| Typed or printed name  |  |                      | -15 915-111                               |  |   | Registration N  |   |  |   |                   |  |
| This collection of information an application. Confident   | ation is required by 37 C iality is governed by 35 | FR 1.3<br>U.S.C.     | 11. The information 122 and 37 CFR        | on is required to obtain   | n or r  | retain a benefit by the   | ne publ   | ic which is to file (and<br>to complete, including   | by the USPTO to proces<br>g gathering, preparing, ar  | is)               |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.